

HOUSE JOINT RESOLUTION 22

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By: **Delegates Nathan-Pulliam, Burns, and Dobson**
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Assigned to: Rules and Executive Nominations

HOUSE JOINT RESOLUTION

1 A House Joint Resolution concerning

2 **Task Force on Economic, Racial, and Ethnic Disparities in Health**

3 FOR the purpose of establishing a Task Force on Economic, Racial, and Ethnic
4 Disparities in Health; providing for membership of the Task Force; requiring the
5 Task Force to develop certain recommendations of State programs to reduce
6 economic, racial, and ethnic disparities in health status; prohibiting members of
7 the Task Force from receiving compensation; providing for reimbursement for
8 the members of the Task Force; requiring the Task Force to report to the
9 General Assembly on or before a certain date; terminating the Task Force on a
10 certain date; and generally relating to the Task Force on Economic, Racial, and
11 Ethnic Disparities in Health.

12 WHEREAS, The United States ranks below most industrialized nations in
13 health status as measured by longevity, sickness, and mortality; and

14 WHEREAS, This poor ranking in health status is attributed in large measures
15 to the lower status of America's minority populations; and

16 WHEREAS, Many minority groups suffer disproportionately from six areas of
17 health concern: cancer, infant mortality, cardiovascular disease, HIV/AIDS,
18 immunization, and diabetes; and

19 WHEREAS, More than 75 percent of AIDS cases are in minority groups, the
20 prevalence of diabetes is 70 percent higher among African Americans than whites,
21 diabetes is twice as likely to occur in Hispanics than whites, cardiovascular disease is
22 the leading cause of death for racial and ethnic groups, infant death rates among
23 African Americans, Native Americans, Alaska Natives, and Hispanics are well above
24 the national average of deaths per live births, and the incident rate for lung cancer in
25 African American men is about 50 percent higher than white men; and

26 WHEREAS, The demographic changes that are anticipated over the next
27 decade magnify the importance of addressing disparities in health status. Groups
28 currently experiencing poorer health status are expected to grow as a proportion of
29 the total U.S. population; therefore, the future health of America as a whole will be
30 influenced substantially by our success in improving the health of these racial and
31 ethnic minorities; and

1 WHEREAS, The President has committed the nation to an ambitious goal by
2 the year 2010: to eliminate the disparities in six areas of health status experienced by
3 racial and ethnic minority populations while continuing the progress we have made in
4 improving the overall health of the American people; and

5 WHEREAS, Achieving the President's goal will require a major national
6 commitment to identify and address the underlying causes of higher level of disease
7 and disability in racial and ethnic minority communities, including poverty, lack of
8 access to quality health services, environmental hazards in homes and
9 neighborhoods, and the need for effective prevention programs tailored to specific
10 community needs; and

11 WHEREAS, Eliminating racial and ethnic disparities in these six areas will
12 require effective interventions for prevention and treatment; and

13 WHEREAS, The Department of Health and Mental Hygiene needs to establish
14 culturally appropriate and relevant programs to prevent disease, promote health, and
15 deliver appropriate care; now, therefore, be it

16 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That there is a
17 Task Force on Economic, Racial, and Ethnic Disparities in Health; and be it further

18 RESOLVED, That the Task Force on Economic, Racial, and Ethnic Disparities
19 in Health shall develop recommendations concerning the establishment of
20 comprehensive State programs that will enable the State to eliminate these
21 disparities in Maryland by 2010; and be it further

22 RESOLVED, That the Task Force on Racial, Economic, and Ethnic Disparities
23 in Health shall be composed of 13 members, as follows:

24 (1) Two members of the House of Delegates:

25 (i) One member appointed by the Speaker of the House; and

26 (ii) One member appointed by the Speaker of the House on the
27 recommendation of the Minority Leader in the House of Delegates;

28 (2) Two members of the Senate of Maryland:

29 (i) One member appointed by the President of the Senate; and

30 (ii) One member appointed by the President of the Senate on the
31 recommendation of the Minority Leader of the Senate;

32 (3) The Secretary of Health and Mental Hygiene or the Secretary's
33 designee; and

34 (4) Eight members of the general public, including minority health
35 professionals, appointed by the Governor; and be it further

36 RESOLVED, That the members of the Task Force shall:

1 (1) Select a chairman from the membership of the Task Force; and

2 (2) Determine the times and places of its meetings; and be it further

3 RESOLVED, That a member of the Task Force:

4 (1) May not receive compensation; but

5 (2) Is entitled to reimbursement for expenses under the Standard State
6 Travel Regulations as provided in the State budget; and be it further

7 RESOLVED, That the Task Force shall be staffed by the Department of Health
8 and Mental Hygiene; and be it further

9 RESOLVED, That on or before December 1, 2000, the Task Force shall submit
10 a report with its recommendations to the Governor and, subject to § 2-1246 of the
11 State Government Article, to the General Assembly; and be it further

12 RESOLVED, That the Task Force shall terminate on December 1, 2001; and be
13 it further

14 RESOLVED, That a copy of this Resolution be forwarded by the Department of
15 Legislative Services to the Honorable Parris N. Glendening, Governor of Maryland;
16 the Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and
17 the Honorable Casper R. Taylor, Jr., Speaker of the House of Delegates.